

# CLAIMS ONLY

Application Number

10820904

Filing Date

App. No. (s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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47						
48						
49						
50						
Total						
Indep	1					
Total						
Depend	15					
Total						
Claims	16					

  

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	Indep	Depend	Indep	Depend	Indep	Depend
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